

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Toshiaki Noguchi, et al.

Examiner: Unassigned

Serial No.: 10/759,993

Art Unit: Unassigned

Filed: January 16, 2004

Docket: 17371

For: MEDICAL EQUIPMENT RENTAL
SYSTEM FOR SUPPORTING EFFICIENT
AND INEXPENSIVE MEDICAL EXAMINATIONS

Dated: March 12, 2004

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

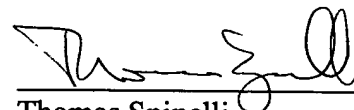
In accordance with 37 C.F.R. §§ 1.97 and 1.98, it is requested that the following references, which are also listed on the attached Form PTO-1449, be made of record in the above-identified case.

1. Japanese Laid-Open Patent Publication No. 2002-236859, dated August 23, 2002, together with English-language Abstract;
2. Japanese Laid-Open Patent Publication No. 2002-163575, dated June 7, 2002, together with English-language Abstract;

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 12, 2004.

Dated: March 12, 2004

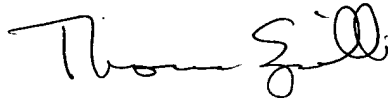

Thomas Spinelli

3. Japanese Laid-Open Patent Publication No. 05-197768, dated August 6, 1993, together with English-language Abstract; and
4. Japanese Laid-Open Patent Publication No. 2002-304584, dated October 18, 2002, together with English-language Abstract.

The references were cited in a Search Report dated February 24, 2004 received from the Japanese Patent Office. Applicants are submitting copies of the above-cited references, together with a copy of the Search Report. The relevance of the above-identified references has been described in the Search Report.

Inasmuch as this Information Disclosure Statement is being submitted in accordance with the schedule set out in 37 C.F.R§1.97(b), no statement or fee is required.

Respectfully submitted,



Thomas Spinelli
Registration No. 39,533

Scully, Scott, Murphy & Presser
400 Garden City Plaza
Garden City, New York 11530
(516) 742-4343

TS:jap

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.

17371

In Re Application Of: Toshiaki Noguchi, et al.

Serial No.

10/759,993

Filing Date

January 16, 2004

Examiner

Unassigned

Group Art Unit

Unassigned

Title: **MEDICAL EQUIPMENT RENTAL SYSTEM FOR SUPPORTING EFFICIENT AND INEXPENSIVE
MEDICAL EXAMINATIONS**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:
- ☐ the statement specified in 37 CFR 1.97(e);
- OR**
- ☐ the fee set forth in 37 CFR 1.17(p).

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
17371

In Re Application: **Foshiki Noguchi, et al.**

Serial No.

10/759,993

Filing Date

January 16, 2004

Examiner

Unassigned

Group Art Unit

Unassigned

**MEDICAL EQUIPMENT RENTAL SYSTEM FOR SUPPORTING EFFICIENT AND INEXPENSIVE
MEDICAL EXAMINATIONS**

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **19-1013/SSMP**
as described below.
- ☐ Charge the amount of _____
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

Certificate of Transmission by Facsimile*

I certify that this document and authorization to charge deposit
account is being facsimile transmitted to the United States
Patent and Trademark Office (F:

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I certify that this document and fee is being deposited
on **March 12, 2004** with the U.S. Postal Service
as first class mail under 37 C.F.R. 1.8 and is
addressed to the Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450.

Signature

Thomas Spinelli

Typed or Printed Name

***This certificate may only be used if paying by
deposit account.**

Dated: **March 12, 2004**

Signature

Thomas Spinelli

Registration No. 39,533

SCULLY, SCOTT, MURPHY & PRESSER

400 Garden City Plaza

Garden City, NY 11530

(516) 742-4343

TS:jap

CC:

